

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024928

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District

Registrar's No.

STATE FILE NUMBER

318

1003

6244

Registration District No. 318  
Primary Registration District 1003  
1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI  
c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VAH, 915 N. GRAND AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI  
b. COUNTY  
c. CITY OR TOWN ST. LOUIS  
Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) 5909 HIGHLAND AVE.  
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)  
First Middle Last  
JERRY L. MC NEAL

4. DATE OF DEATH  
Month Day Year  
6/20/62

5. SEX  
MALE

6. COLOR OR RACE  
Negro

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7/2/31

9. AGE (last birthday)  
30

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
BOLIVAR, TENNESSEE

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
JOHN MC NEAL

13b. MOTHER'S MAIDEN NAME  
MARY MATTHEW

14. NAME OF HUSBAND OR WIFE  
ELAINE MC NEAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES KOREAN

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
ELAINE MC NEAL (WIFE) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

MYOCARDIAL INFARCTION

IMMEDIATE CAUSE (a)  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/11/62 to 6/20/62 and last saw him alive on 6/20/62  
Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE MAX ROBINOWITZ (Degree or title)  
M.D.

22b. ADDRESS  
VAH, ST. LOUIS, MO.

22c. DATE SIGNED  
6/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
6-25-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)  
Bollivar, Tennessee

24. FUNERAL DIRECTOR ADDRESS  
G. Wade Granberry 4202 Finney Ave.

25. DATE RECD. BY LOCAL REG.  
JUN 23 1962

26. REGISTRAR'S SIGNATURE  
Karl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.